## 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

TALLAHASSEE, FLORIDA DOCUMENT # A0400000430 08 APR -1 PM 1: 32 EDEN GARDENS APARTMENTS LIMITED PARTNERSHIP Principal Place of Business Mailing Address PO BOX 343529 19308 SW380TH ST FLORIDA CITY, FL 33034 FLORIDA CITY, FL 33034 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03192008 Chg-LP CR2E003 (12/06) City & State City & State 4. FEI Number Applied For 20-0874820 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KIRK >TEVEN **B&C CORPORATE SERVICES OF CENTRAL FL INC** Street Address (P.O. Box Number is Not Acceptable) 390 N ORANGE AVE, STE 1100 ORLANDO, FL 32801 19308 SW 380Hh <sup>Zip Code</sup> 33034 8. The above named entity submits this statement for the pu ose of changing its registered office or registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of regis SIGNATURE Signature eldabilions I: ett bru FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. L04000023995 DOCUMENT # STREET ADDRESS CORKSCREW SANCTUARY, LLC STREET ADDRESS 19308 S.W. 380TH STREET CITY-ST-ZIP CITY-ST-ZIP FLORIDA CITY, FL 33034 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS MAME STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STAPLE CHECK NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY+ST-ZIP 14. I heraby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered the execute this report as required by Chapter 620. Florida Statutes 03/19/08 (305) 242-2142 SIGNATURE:

OF SIGNING GENERAL PA

SECRETARY OF STATE